

# **SCHOOL HEALTH SERVICES PROGRAM PROGRAM MANUAL**



## **APPENDIX 9 RMTS DISTRICT COORDINATOR'S GUIDE**



## A.9 RMTS District Coordinator's Guide



Colorado Medicaid School Based Claiming

# RMTS District Coordinator's Guide July 2010



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## Introduction

The Random Moment Time Study (RMTS) allows Districts/BOCES to complete the time study forms by paper, electronically, or a by a combination of both paper and electronic.

The requirements for completing the Random Moment Time Study are the same for paper and on-line RMTS forms.

- Coordinators are required to complete training.
- Coordinators are to distribute training materials to the participants to guide the participants through the process of responding to their moments.
- Participants must correctly and accurately complete the RMTS form, answering all of the questions.
- Coordinators must monitor employee participation ensuring that all forms are completed and returned to PCG timely.

The RMTS District Coordinator Guide was developed to assist the RMTS Coordinator with navigating through the on-line RMTS system to ensure program compliance with participation in the Random Moment Time Study. The guide provides the RMTS Coordinator with a walk-through of the screens that are available for managing the program at the district level as well as the notifications and the on-line RMTS form that will be completed by the sampled participants.

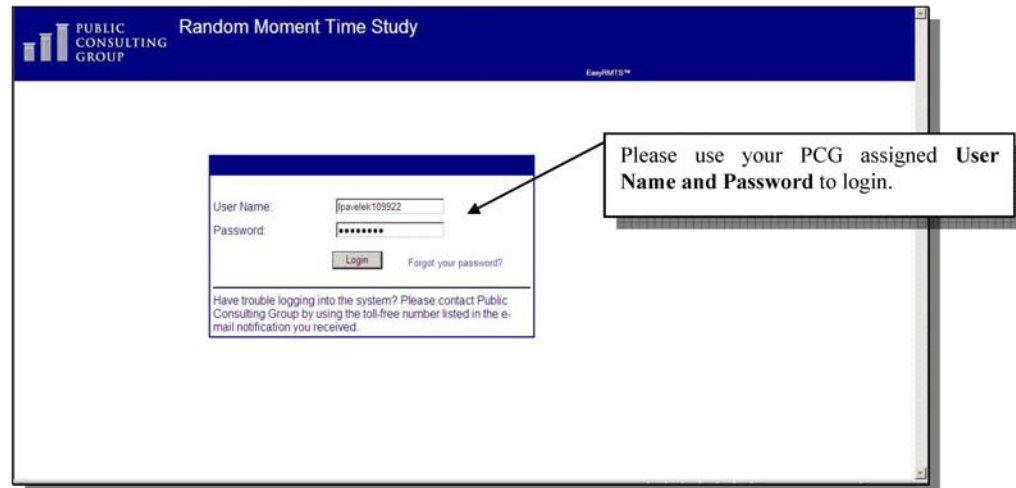
The RMTS system is secure and more participant driven. With this system, the participant will be responsible for keeping track of his/her user name and password to access the system. The participant must contact PCG for lost user names and passwords as this information will not be available to the RMTS Coordinator. With this responsibility, it is essential that the participant understand how to obtain his/her user name and password and how to access and accurately complete the on-line RMTS form.

The on-line RMTS system can be accessed at: <https://easyrmts.pcgus.com/RMTSv2>

Any questions or problems with accessing the RMTS system should be directed to the District's/BOCES PCG Helpline at 1-866-766-9015.

## Accessing the RMTS System

The web address for accessing the system is: <https://easyrmts.pcgus.com/RMTSv2>



**Random Moment Time Study**

EasyRMTS™

User Name:

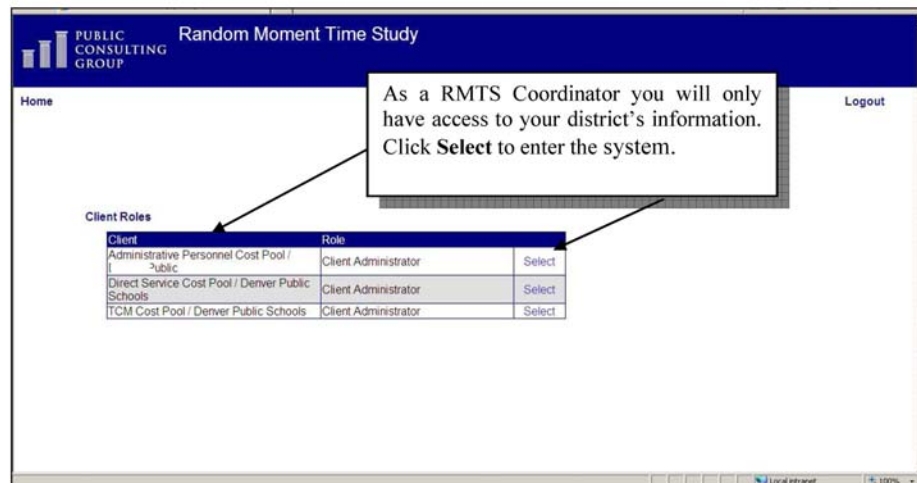
Password:

[Forgot your password?](#)

Have trouble logging into the system? Please contact Public Consulting Group by using the toll-free number listed in the e-mail notification you received.

Please use your PCG assigned **User Name** and **Password** to login.

## Client Roles



**Random Moment Time Study**

Home Logout

**Client Roles**

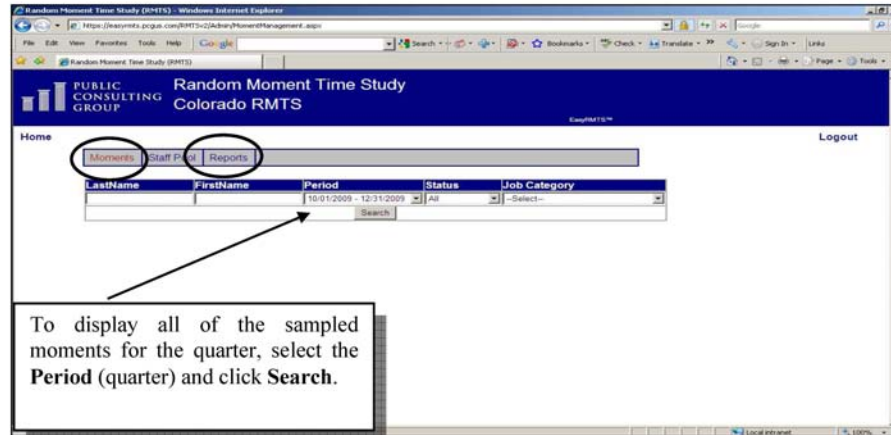
Client	Role	Select
Administrative Personnel Cost Pool / Public	Client Administrator	Select
Direct Service Cost Pool / Denver Public Schools	Client Administrator	Select
TCM Cost Pool / Denver Public Schools	Client Administrator	Select

As a RMTS Coordinator you will only have access to your district's information. Click **Select** to enter the system.

## Moments

As the District/BOCES RMTS Coordinator, you will have access to **Moments** and **Reports** within the system.

The **Moments List** screen will display all sampled moments (paper and on-line) for your district for the quarter.



Home Moments Staff Pool Reports Logout

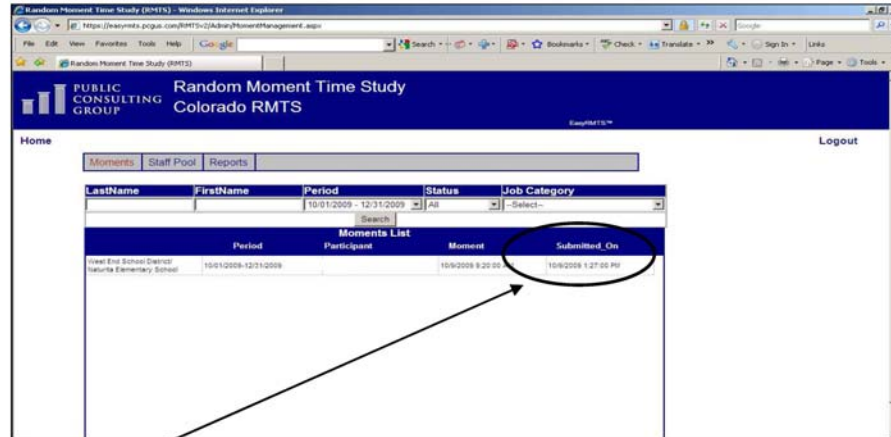
Random Moment Time Study  
Colorado RMTS

LastName FirstName Period Status Job Category

10/01/2009 - 12/31/2009 All -Select-

Search

To display all of the sampled moments for the quarter, select the **Period** (quarter) and click **Search**.



Home Moments Staff Pool Reports Logout

Random Moment Time Study  
Colorado RMTS

LastName FirstName Period Status Job Category

10/01/2009 - 12/31/2009 All -Select-

Search

**Moments List**

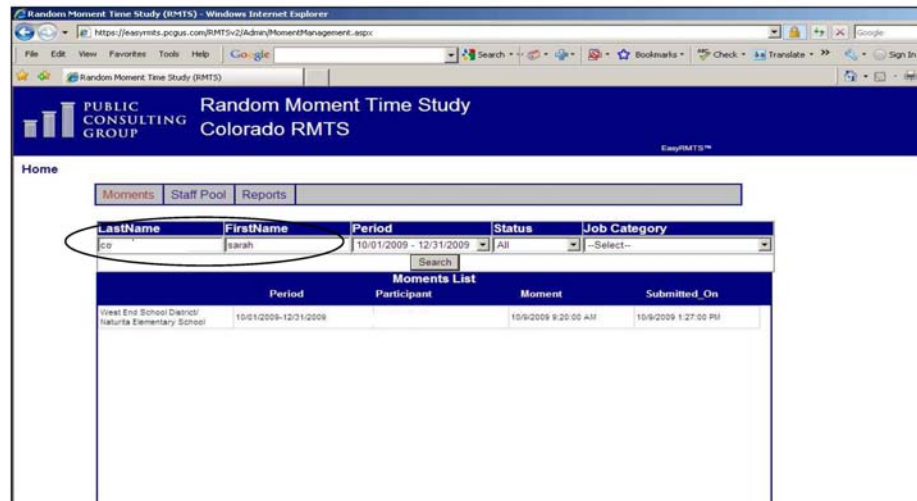
Period	Participant	Moment	Submitted_On
10/01/2009-12/31/2009	Travis End School District Natura Elementary School	10/6/2009 9:20:00	10/6/2009 1:27:00 PM

The **Submitted\_On** column will display the date the on-line RMTS form was submitted / completed by the participant. Please keep in mind that the column will remain blank for paper RMTS forms until the form has been received by PCG and coded.

## Moments (cont)

Moments can be displayed by the following views:

**View by Participant** - To view the sampled moments by participant, enter the participant's **Last Name** and **First Name**, and click **Search**. This will return the sampled moments by participant for the quarter.



LastName	FirstName	Period	Status	Job Category
cc	Sarah	10/01/2009 - 12/31/2009	All	-Select-

Search

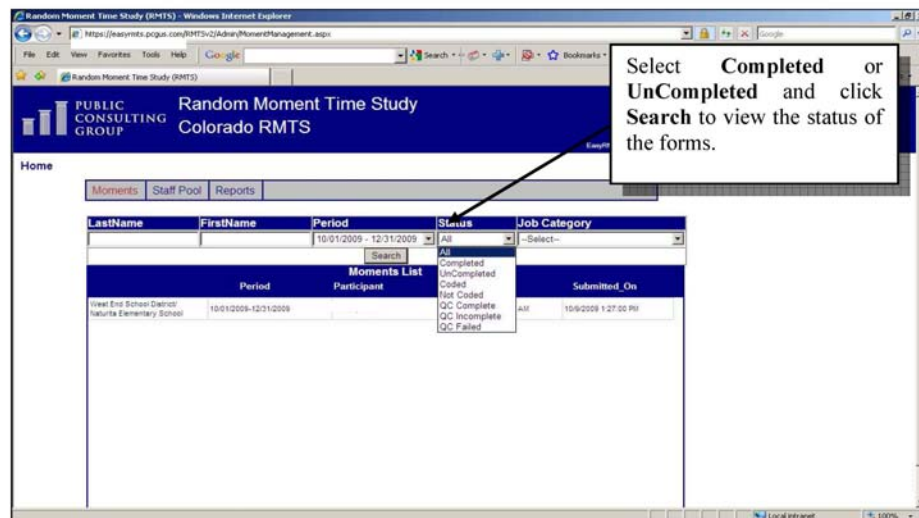
Period	Participant	Moment	Submitted On
10/01/2009-12/31/2009	Great End School District/ Natavita Elementary School	10/9/2009 9:20:00 AM	10/9/2009 1:27:00 PM



## Moments (cont)

**View by Status** - The sampled moments can be viewed by the status of the form. You will use the Status to monitor your staff's participation in the program.

- **Completed** - This view displays all forms that have been submitted / completed.
- **UnCompleted** - This view displays all forms that have not been completed. As a Coordinator you will use this to monitor your staff's participation to ensure that the sampled moments are completed timely.



Random Moment Time Study (RMTS) - Windows Internet Explorer

Public Consulting Group Random Moment Time Study Colorado RMTS

Home Moments Staff Pool Reports

Search

Period: 10/01/2009 - 12/31/2009

Participant: West End School District

Submitted\_On: 10/01/2009 1:27:02 PM

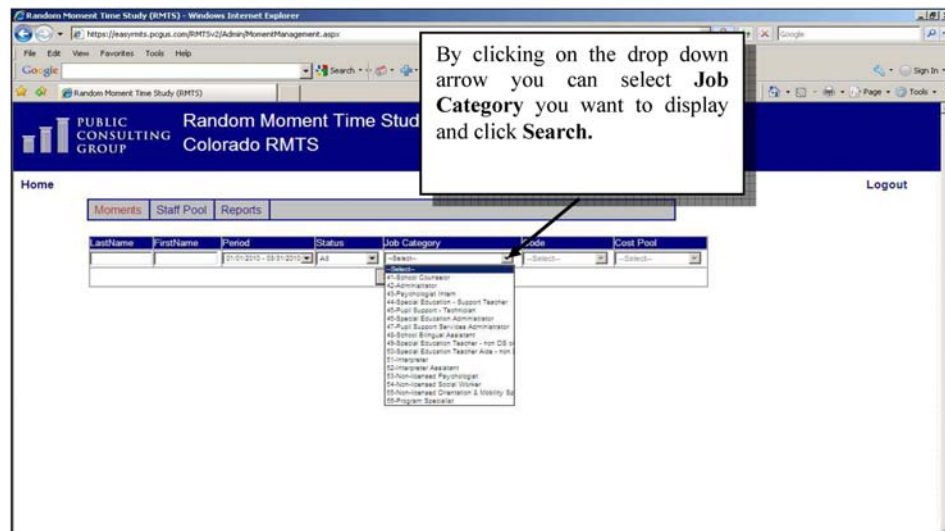
Callout: Select **Completed** or **UnCompleted** and click **Search** to view the status of the forms.

## Moments (cont)

**View by Job Category** – The sampled moments can be viewed by Job Category. You can use this view to display the sampled moments by a specific job category.

The Job Category List will only contain those job categories associated with the Cost Pool you have selected when logging into the RMTS system from the Home screen.

Administrative Personnel Cost Pool

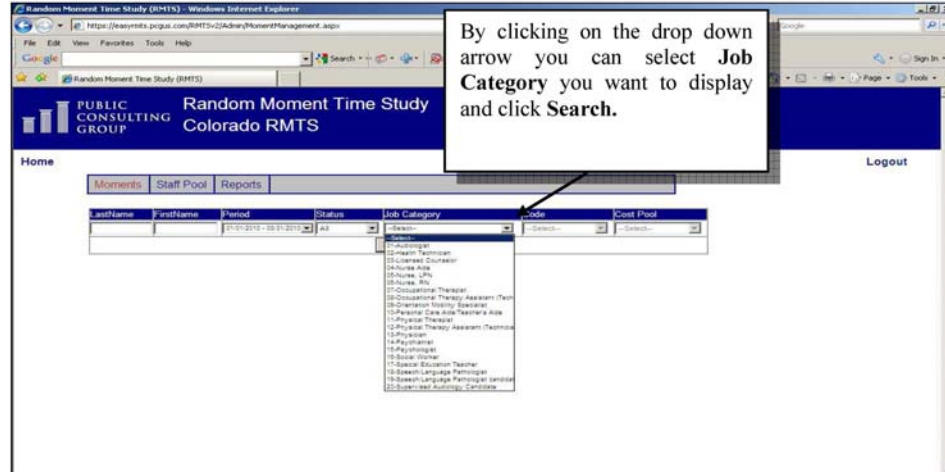


By clicking on the drop down arrow you can select **Job Category** you want to display and click **Search**.

The screenshot shows the RMTS web application interface. At the top, there is a navigation bar with "Moments", "Staff Pool", and "Reports" tabs. Below this is a table with columns: "Last Name", "First Name", "Period", "Status", "Job Category", "Code", and "Cost Pool". The "Job Category" column has a dropdown arrow. A tooltip is displayed over the dropdown arrow, containing the text: "By clicking on the drop down arrow you can select **Job Category** you want to display and click **Search**." The dropdown menu is open, showing a list of job categories including: "41-School Counselor", "42-Administrator", "43-Psychologist Intern", "44-Special Education - Support Teacher", "45-Pupil Support - Technician", "46-Special Education Administrator", "47-Pupil Support Services Administrator", "48-Special Education Assistant", "49-Special Education Teacher - non CLE", "50-Special Education Teacher Aide - non CLE", "51-Interpreter", "52-Counselor Assistant", "53-Non-licensed Psychologist", "54-Non-licensed Social Worker", "55-Non-licensed Orientation & Mobility Specialist", and "56-Program Specialist".

## Moments (cont)

### Direct Service Cost Pool



By clicking on the drop down arrow you can select **Job Category** you want to display and click **Search**.

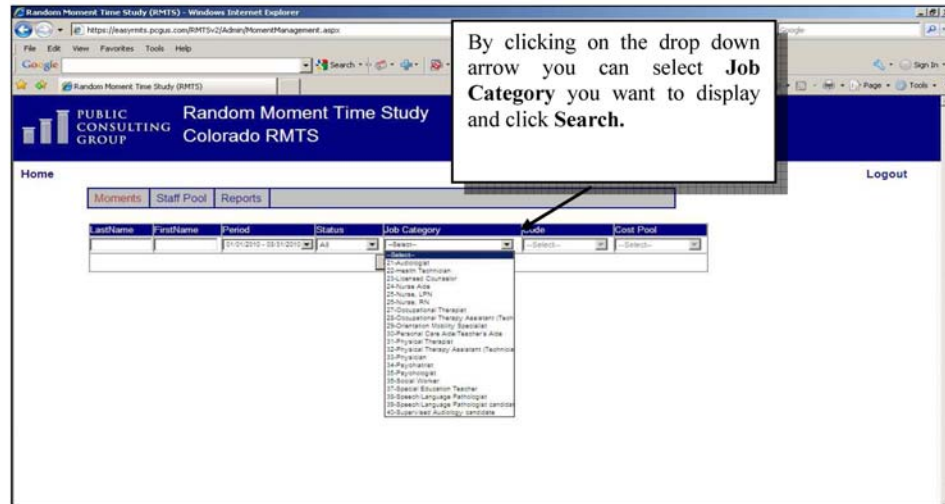
Random Moment Time Study (RMTS) - Windows Internet Explorer

Public Consulting Group Random Moment Time Study Colorado RMTS

Home Moments Staff Pool Reports Logout

Last Name	First Name	Period	Status	Job Category	Code	Cost Pool
		01/01/2015 - 03/31/2015	All	<input type="text"/> <div>                 Select...                 <ul style="list-style-type: none"> <li>21-Autism</li> <li>22-Mean Technician</li> <li>23-Universal Coordinator</li> <li>24-Nurse Aide</li> <li>25-Nurse RN</li> <li>26-Nurse RLV</li> <li>27-Counseling Therapist</li> <li>28-Counseling Therapy Assistant/Peer</li> <li>29-Orientation Mobility Specialist</li> <li>30-Personal Care Aide/Teacher's Aide</li> <li>31-Physical Therapist</li> <li>32-Physical Therapy Assistant/Technician</li> <li>33-Physician</li> <li>34-Psychiatrist</li> <li>35-Psychologist</li> <li>36-Social Worker</li> <li>37-Special Education Teacher</li> <li>38-Speech Language Pathologist</li> <li>39-Speech Language Pathologist Assistant</li> <li>40-Supervised Autistic Services</li> </ul> </div>	<input type="text"/> <div>Select...</div>	<input type="text"/> <div>Select...</div>

### TCM Cost Pool



By clicking on the drop down arrow you can select **Job Category** you want to display and click **Search**.

Random Moment Time Study (RMTS) - Windows Internet Explorer

Public Consulting Group Random Moment Time Study Colorado RMTS

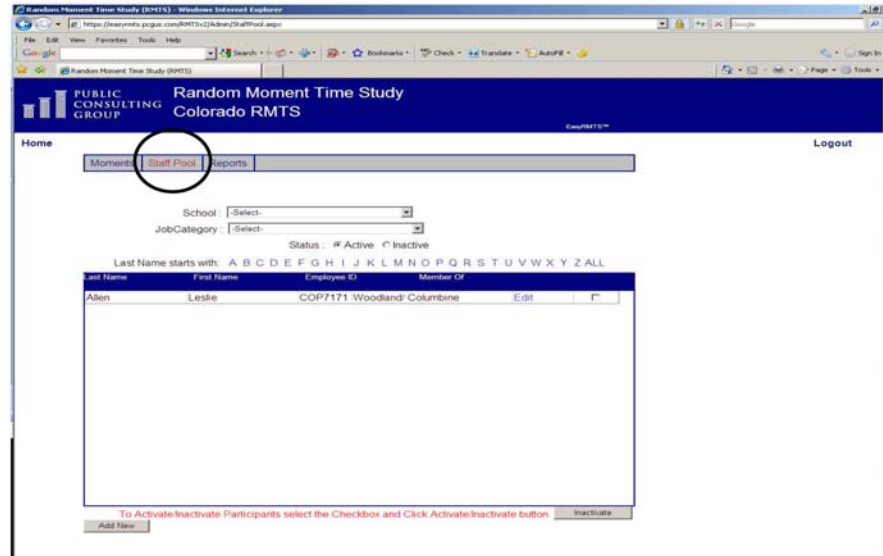
Home Moments Staff Pool Reports Logout

Last Name	First Name	Period	Status	Job Category	Code	Cost Pool
		01/01/2015 - 03/31/2015	All	<input type="text"/> <div>                 Select...                 <ul style="list-style-type: none"> <li>21-Autism</li> <li>22-Mean Technician</li> <li>23-Universal Coordinator</li> <li>24-Nurse Aide</li> <li>25-Nurse RN</li> <li>26-Nurse RLV</li> <li>27-Counseling Therapist</li> <li>28-Counseling Therapy Assistant/Peer</li> <li>29-Orientation Mobility Specialist</li> <li>30-Personal Care Aide/Teacher's Aide</li> <li>31-Physical Therapist</li> <li>32-Physical Therapy Assistant/Technician</li> <li>33-Physician</li> <li>34-Psychiatrist</li> <li>35-Psychologist</li> <li>36-Social Worker</li> <li>37-Special Education Teacher</li> <li>38-Speech Language Pathologist</li> <li>39-Speech Language Pathologist Assistant</li> <li>40-Supervised Autistic Services</li> </ul> </div>	<input type="text"/> <div>Select...</div>	<input type="text"/> <div>Select...</div>

## Staff Pool

The **Staff Pool** displays the participants from your personnel roster.

Click on the first letter of the participant's last name. This will display all participants with the same first letter of their last name. By clicking **ALL** you will display all of the participants for the quarter.



Random Moment Time Study (RMTS) - Windows Internet Explorer

Public Consulting Group Random Moment Time Study Colorado RMTS

Home Logout

Moments **Staff Pool** Reports

School: [Select]  
Job Category: [Select]  
Status: ☒ Active ☐ Inactive

Last Name starts with: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL

Last Name	First Name	Employee ID	Member Of
Allen	Leslie	COP7171 Woodland	Columbine

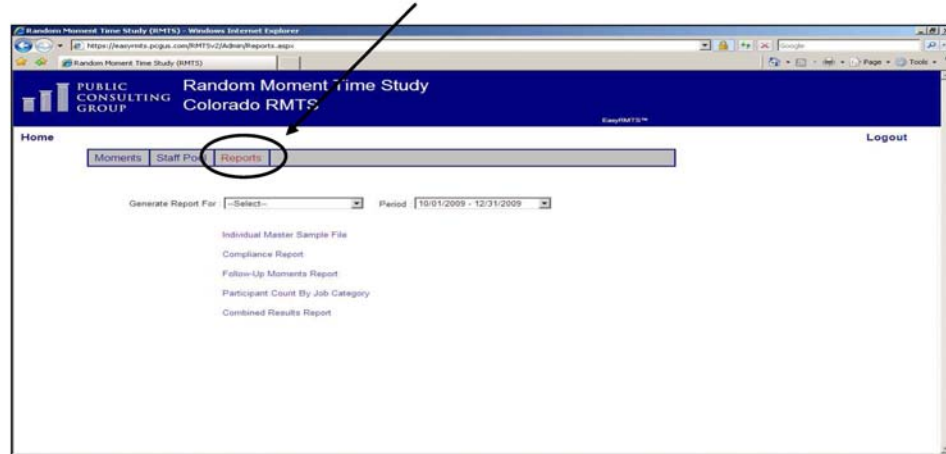
To Activate/Inactivate Participants select the Checkbox and Click Activate/Inactivate button

Add New Inactivate

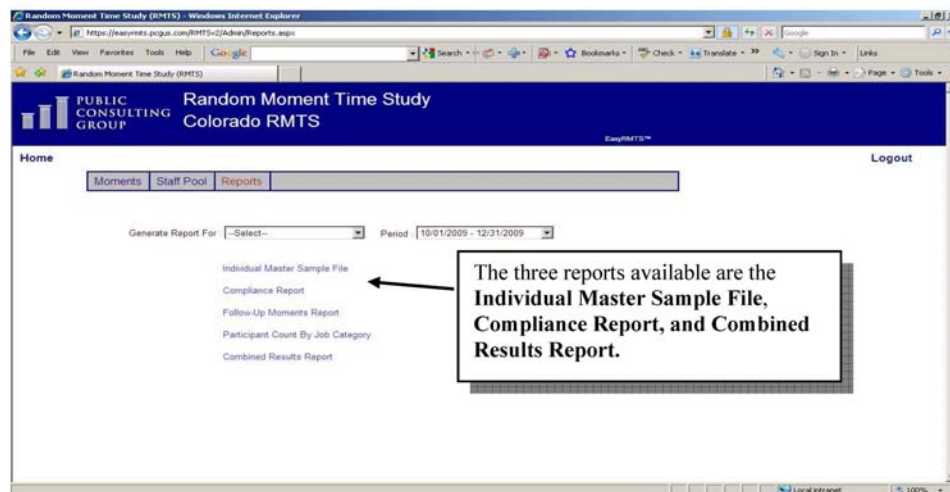
**Note:** To update/change participant information, please refer to RMTS Staff Pool List Training document.

## Reports

The RMTS system generates reports to assist the RMTS Coordinator in managing the DS/TCM/MAC program. To view these reports click on **Reports**.



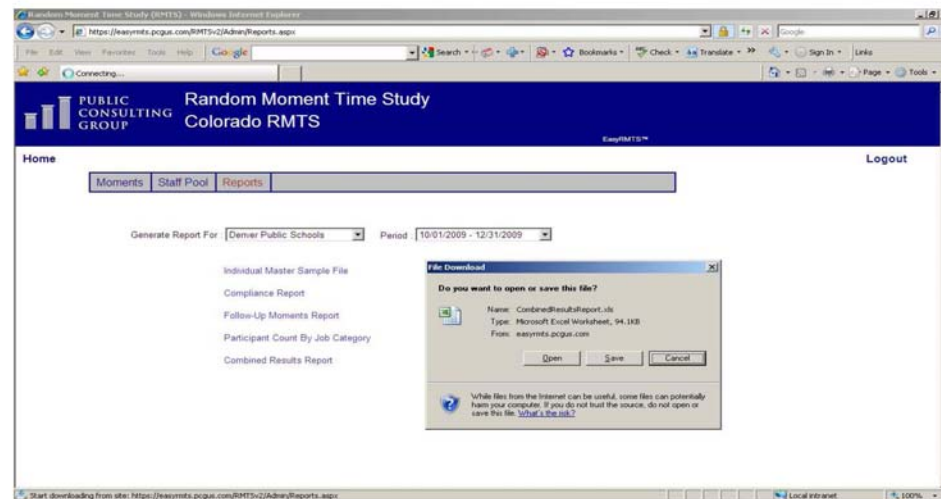
There are three reports that are available to the RMTS Coordinator.



## Reports (cont)

### Individual Master Sample File

This report displays all of the sampled moments for the district by calendar week within the quarter. To view this report click on **Individual Master Sample File** to open the Excel file.



1	LEA	Weeks	MomentDateTime	LastName	FirstName	MiddleName	EmployeeID	ISO
2	Academy Elementary School District Office	1	2/24/2009 10:00	Croft	Laura		test123	Academy Elementary School District
3	Academy Elementary School District Office	1	2/24/2009 11:54	Ferguson	Kristy		test118	Academy Elementary School District
4	Academy Elementary School District Office	1	2/24/2009 15:10	Gutierrez	Lisa		test119	Academy Elementary School District
5	Academy Elementary School District Office	1	2/25/2009 10:12	Croft	Laura		test123	Academy Elementary School District
6	Academy Elementary School District Office	1	2/25/2009 11:09	Ferguson	Kristy		test118	Academy Elementary School District
7	Academy Elementary School District Office	1	2/26/2009 9:58	Sanders	Diane		test121	Academy Elementary School District
8	Academy Elementary School District Office	1	2/27/2009 12:45	Karen				
9	Week 1 Count	7						
10	Academy Elementary School District Office	2	3/2/2009 10:13	Ferguson				
11	Academy Elementary School District Office	2	3/2/2009 10:47	Wang				
12	Academy Elementary School District Office	2	3/2/2009 11:10	Wang				
13	Academy Elementary School District Office	2	3/2/2009 12:30	Pavelek				
14	Academy Elementary School District Office	2	3/4/2009 10:18	Sparrow				
15	Academy Elementary School District Office	2	3/4/2009 14:05	Sparrow				
16	Academy Elementary School District Office	2	3/5/2009 8:13	Croft				
17	Academy Elementary School District Office	2	3/5/2009 8:26	Wang	Vera		test126	Academy Elementary School District
18	Academy Elementary School District Office	2	3/5/2009 9:46	Jones	Davey		test115	Academy Elementary School District
19	Week 2 Count	9						
20	Academy Elementary School District Office	5	3/23/2009 8:23	Karen	Donna		test125	Academy Elementary School District
21	Academy Elementary School District Office	5	3/23/2009 8:58	Sanders	Diane		test121	Academy Elementary School District
22	Academy Elementary School District Office	5	3/23/2009 9:14	Sanders	Diane		test121	Academy Elementary School District
23	Week 5 Count	3						
24	Week Total Count	48						
25	Total Count	48						

The Individual Master Sample File displays the number of moments sampled by week and total for the quarter.

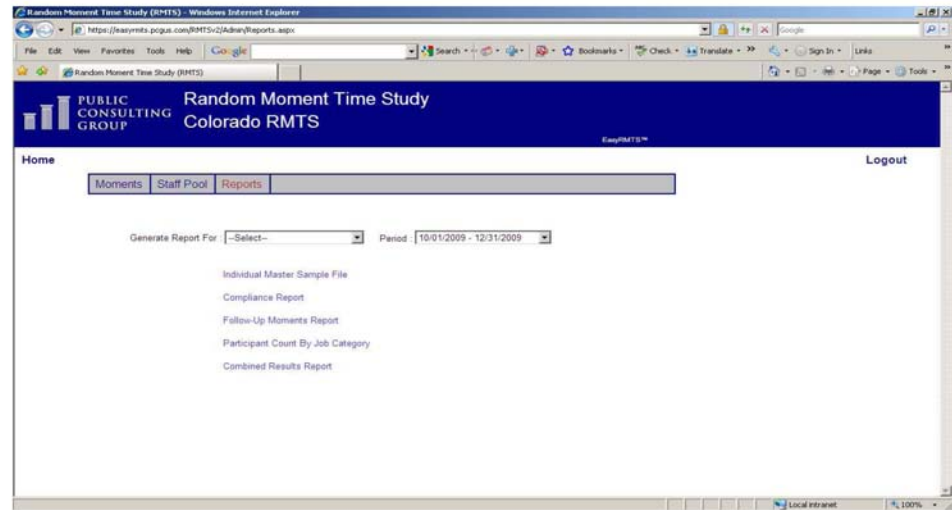
**Note:** Any changes made to the Excel report are not saved in the RMTS system.



## Reports (cont)

### Compliance Report

This report displays all sampled moments for the quarter and which ones have been completed. This report should be used by RMTS Coordinators to monitor the participant's compliance with completing the electronic RMTS forms. To view this report click on **Compliance Report** to open the Excel file.



The Compliance Report contains a **Details** sheet and a **Percentages** sheet.

	A	B	C	D	E	F	G	H
	Parent	Location	Period	Participant	Moment Date	Submit Date	Week#	Job Title
1	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Croft Laura	2/25/2009 10:12	Feb 24 200	1	Bilingual Specialists
2	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Croft Laura	2/24/2009 10:00	Feb 24 200	1	Bilingual Specialists
3	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Ferguson Kristy	2/25/2009 11:09	Feb 24 200	1	Audiologists and Audiologists
4	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Ferguson Kristy	2/24/2009 13:54	Feb 24 200	1	Audiologists and Audiologists
5	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Gutierrez Lisa	2/24/2009 15:10	Feb 25 200	1	Bilingual Specialists
6	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Gutierrez Lisa	2/24/2009 15:10	Feb 25 200	1	Bilingual Specialists
7	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Karen Donna	2/27/2009 12:45		1	Bilingual Specialists
8	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Sanders Diane	2/26/2009 9:58		1	Bilingual Specialists
9	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Sparrow Jack	3/4/2009 14:05		2	Bilingual Specialists
10	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Pavelek Lisa	3/2/2009 12:30		2	Audiologists and Audiologists
11	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Pavelek Lisa	3/2/2009 12:30		2	Audiologists and Audiologists
12	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Jones Dawey	3/5/2009 9:46		2	Audiologists and Audiologists
13	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Ferguson Kristy	3/9/2009 12:05		3	Audiologists and Audiologists
14	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Croft Laura	3/9/2009 15:47		3	Bilingual Specialists
15	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Croft Laura	3/10/2009 13:38		3	Bilingual Specialists
16	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Karen Donna	3/10/2009 11:03		3	Bilingual Specialists
17	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Gutierrez Lisa	3/9/2009 10:48		3	Bilingual Specialists
18	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Gutierrez Lisa	3/9/2009 8:50		3	Bilingual Specialists
19	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Ferguson Kristy	3/10/2009 15:01		3	Audiologists and Audiologists
20	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Gutierrez Lisa	3/9/2009 13:54		3	Bilingual Specialists
21	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Pavelek Lisa	3/10/2009 14:51		3	Audiologists and Audiologists
22	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Karen Donna	3/9/2009 8:29		3	Bilingual Specialists
23	Academy Elementary School District	Academy Elementary School District Office	02/24/2009-03/23/2009	Pavelek Lisa	3/13/2009 14:39		3	Audiologists and Audiologists

The Details sheet displays all of the sampled moments for the quarter by participant and the date the form was submitted / completed.

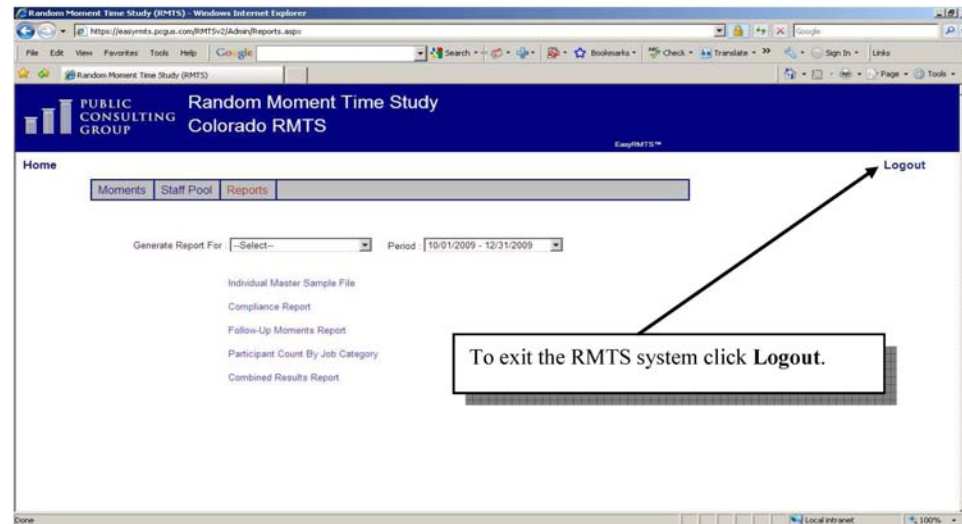
## Reports (cont)

### Compliance Report – Percentages Sheet

The Percentages sheet displays the percentage of forms completed by week based on the district's total number of sampled moments in the quarter.

Week#	Total	Submitted	Percentage	Combined Week Sample	Combined Week Submitted	Combined Percentage
1	7	3	42.86	7	3	42.86
2	9	0	0	16	3	18.75
3	17	0	0	33	3	9.09
4	12	0	0	45	3	6.67
5	3	0	0	48	3	6.25

**Note:** Any changes made to the Excel report are not saved in the RMTS system.

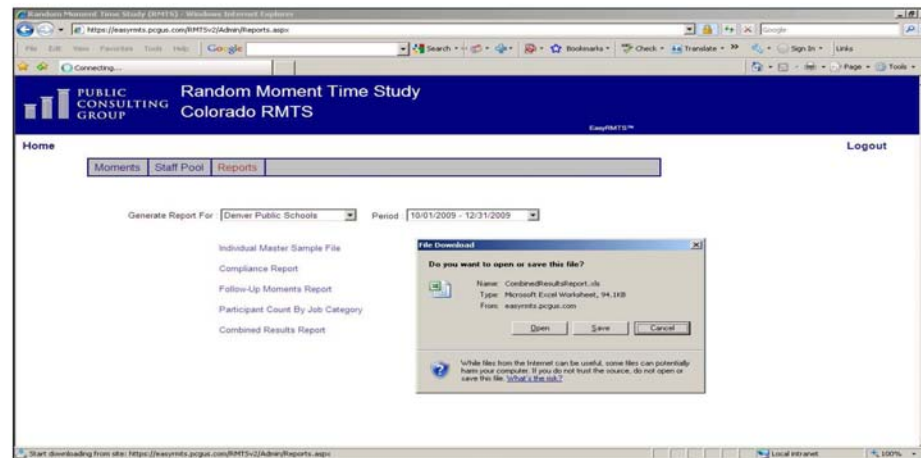
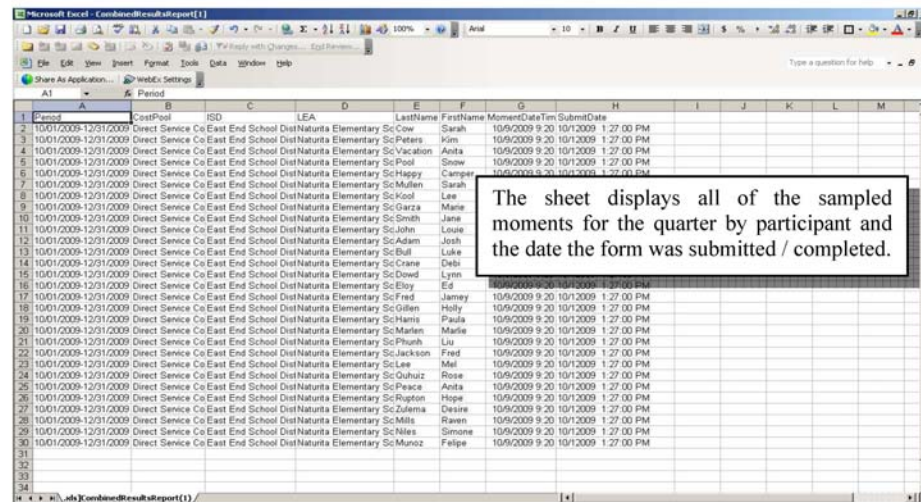




## Reports (cont)

### Combined Results Report

This report displays all sampled moments for the quarter and which ones have been completed. This report should be used by RMTS Coordinators to monitor the participant's compliance with completing the electronic RMTS forms. To view this report click on **Combined Results Report** to open the Excel file.

Period	CostPool	ISD	LEA	Last Name	First Name	MomentDate	Time	SubmitDate
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Cow	Sarah	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Peters	Kim	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Vacation	Anita	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Pool	Snow	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Happy	Campier	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Mullin	Sarah	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Kool	Lee	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Garcia	Marc	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Smith	Jane	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc John	Louise	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Adam	Josh	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Bull	Luke	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Crane	Debi	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Dowd	Lynn	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Eloy	Ed	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Fred	Jamey	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Gillen	Holly	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Harris	Paula	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Marlen	Marie	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Phoenix	Liu	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Jackson	Fred	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Lee	Mel	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Ouhuiz	Rose	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Peace	Anita	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Rughton	Hope	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Zulema	Desire	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Mills	Raven	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Niles	Simone	10/9/2009 9:20	10/1/2009	1:27:00 PM
10/01/2009-12/31/2009	Direct Service	Co East End School	Dist Natunita Elementary	Sc Munoz	Felipe	10/9/2009 9:20	10/1/2009	1:27:00 PM

### **Paper RMTS Forms**

At this time, District/BOCES still have the option of having their participants complete either paper or electronic RMTS forms.

For those participants that have been identified as receiving paper RMTS forms, PCG will send the paper forms to the District/BOCES weekly. RMTS Coordinators should continue to distribute the paper forms to the participant just prior to their sampled moment in time, but no more than 5 days prior.

There may be times when a participant cannot complete their RMTS form on-line or a paper form needs to be reprinted. To obtain a paper form, the RMTS Coordinator will need to contact PCG Helpline at 1-866-766-9015.

Paper forms must be returned to PCG on a regular basis. It is very important that the forms are not held until the end of the quarter. PCG reviews and codes all RMTS forms that are received.

## Participant Screens

### E-mail Notifications



The selected participant will receive the following e-mail notifications regarding his/her RMTS form:

- CO Random Moment Time Study Notification – Pre-Participation Notice
- CO Random Moment Time Study Notification – Moment in Time is in 1 Hour
- CO Random Moment Time Study Notification – 24 Hour Late Notice
- CO Random Moment Time Study Notification – 3 Day Late Notice

The e-mails will come from **cormts@pcgus.com**. The sampled participant will receive the first e-mail notification **Five (5) days** prior to his/her selected moment in time.

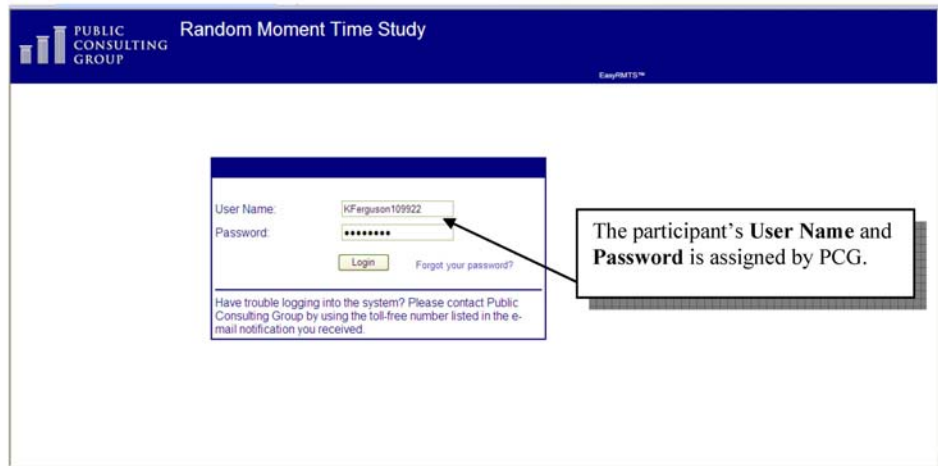
PCG will provide the participant with his/her User Name and Password to access the on-line RMTS form. The user name and password will be included in the first two (2) e-mail notifications.

The participant will receive two follow-up e-mails if the RMTS form is not completed on the day of the sampled moment in time. The district's RMTS Coordinator will be copied on the follow-up e-mails that are sent to the participant. However, the participant's user name and password will not be included in the late notification e-mails.

If the participant has deleted or lost his/her user name and password, the participant must contact the PCG RMTS helpline at 1-866-766-9015 to obtain user name and password information.

Please keep in mind, that the participant has 5 days to complete their on-line RMTS form.

## Login Screen



To log in, the participant will enter his/her **User Name** and **Password** and click the **Login** button.

The participant User Name and Password are assigned by PCG. The user name and password will be included in the Pre-Participation Notice e-mail and the Moment in Time is in 1 Hour e-mail.

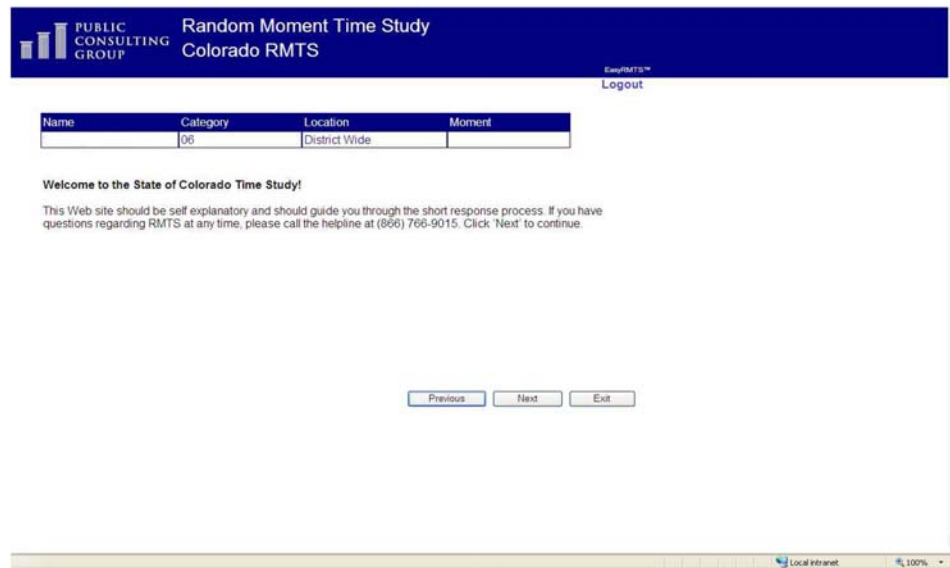
The participant's user name will remain the same each quarter. The participant will receive a new password from PCG each quarter.

If the participant has deleted or lost his/her user name and password, the participant must contact the PCG RMTS helpline at 1-866-766-9015 to obtain user name and password information.

User names and passwords will not be provided to the RMTS Coordinators.

## Program Overview Screen

The following screens provide the participant with an overview of the RMTS programs as well as training material on how to complete the on-line RMTS form. After reading the on-line training material, the participant will click **Next** to advance through the screens.




Name	Category	Location	Moment
	06	District Wide	

**Welcome to the State of Colorado Time Study!**

This Web site should be self explanatory and should guide you through the short response process. If you have questions regarding RMTS at any time, please call the helpline at (866) 766-9015. Click 'Next' to continue.

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## Program Overview


**Random Moment Time Study  
Colorado RMTS**
EasyRMTS™  
Logout

Name	Category	Location	Moment
	06	District Wide	

**Program Overview**


This time study is required by the State Medicaid office in order for your school district to participate in the Medicaid School Health Services Program. This system uses the RMTS (Random Moment Time Study) method which provides a statistically valid means of determining what portion of the selected group of participant's workload is spent performing activities that are reimbursable by Medicaid.

You have been randomly selected to participate in the RMTS this quarter. **Your participation is mandatory, but will only take a few minutes of your time.**

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## What is Medicaid?


**Random Moment Time Study  
Colorado RMTS**
EasyRMTS™  
Logout

Name	Category	Location	Moment
	06	District Wide	

**What is Medicaid?**

Medicaid is a publicly funded health insurance program for lower income individuals as well as for individuals meeting certain other requirements.

Medicaid is also a program for children under age 21 who receive services through the Early & Periodic Screening, Diagnosis and Treatment (EPSDT) Program, including medical and mental health services determined medically necessary.

**Examples of Activities:**

Working with student on occupational therapy goals; OR  
 Writing the student's math resource service times for an IEP; OR  
 Having lunch; OR  
 Leading reading group with special education students; OR  
 Working with on a student on their math goals; OR  
 Writing service notes following evaluation for speech services; OR  
 Administering First Aid; OR  
 Writing the student's physical therapy goals for an IEP; OR  
 Checking work email


*Do not copy these examples into your sample moment.*

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Done Local intranet 100%



## What is MSBC?


**Random Moment Time Study  
Colorado RMTS**

[EasyRMTS™](#)  
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Name	Category	Location	Moment
	06	District Wide	

**What is Medicaid School Based Claiming (MSBC)?**

MSBC is a joint state and federal program that offers LEA's reimbursement for the provision of "covered medically necessary" school based services, as well as the cost of administrative activities such as outreach and other activities that support Medicaid covered services in the school setting.


It is a chance for school districts and charter schools to receive reimbursement with very little effort involved for personnel.

There are three ways Medicaid pays for services provided in the schools:

1. Direct Services Claiming (DSC) Program
2. Targeted Case Management (TCM) Program
3. Medicaid Administrative Claiming (MAC) Program

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## What is Random Moment Time Study?


**Random Moment Time Study  
Colorado RMTS**

[EasyRMTS™](#)  
[Logout](#)


Name	Category	Location	Moment
	06	District Wide	

**What is the Random Moment Time Study?**

- Random Moment Sampling is a federally accepted method for documenting your time.
- For each calendar quarter employee data from each participating school district is compiled to form a statewide sample pool.
- Names are randomly selected and paired with random moments in time to create "sample moments". Sampled employees complete an electronic RMTS form.
- Employees complete their sample form on or after their "sample moment". Electronic forms are submitted directly to PCG through the completion of the electronic RMTS form.
- All sampled moments must be completed to obtain a statistically valid sample.

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## Getting Started


**Random Moment Time Study  
Colorado RMTS**

[EasyRMTS™](#)  
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Name	Category	Location	Moment
	06	District Wide	

**Getting Started**

On the next page, you will see the date and time of your moment. Please select the moment you want to answer by clicking on the blue word "Respond" next to your moment. You will then be asked five simple questions. Please be sure to hit "Submit" when you are done, so your answers are recorded. If you need further instruction, please follow the link on the next page to "Activity Descriptions," which provides detailed instructions for filling out the time study. Click "Next" to continue.

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## Completing the Electronic RMTS Form


**Random Moment Time Study  
Colorado RMTS**

[EasyRMTS™](#)  
[Logout](#)

Name	Category	Location	Moment
	06	District Wide	


**Completing the Electronic RMTS Form**

After your sampled moment in time has occurred, complete your RMTS form documenting the activity you are performing at the specific moment selected in your work day. You will document your activity by answering ALL of the following questions:

Were you working during your sample moment?  
*(select appropriate radio button when prompted)*  
 Yes, I was working  
 No, Moment is before/after workday (This does not include lunch)  
 No, Moment is during paid day off  
 No, Moment is during an unpaid day off

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EasyRMTS™  
Logout

**Random Moment Time Study  
Colorado RMTS**


Name	Category	Location	Moment
	06	District Wide	

**Completing the Electronic RMTS Form (continued)**

Describe in detail the activity you were performing during your sample moment. Please answer this question even if you answered "No" to the previous question.  
Response 1: Contacting parents to set up an IEP meeting for student speech/language needs.  
Response 2: Conducting a psychosocial evaluation with a student.  
Response 3: Working with a student on a motor skill activity.  
Response 4: Meeting with a school counselor regarding a student's vocational rehab.

Describe in detail why you were doing this activity during the sample moment.  
Response 1: Student is in need of speech/language services.  
Response 2: Student is coming up for a triennial staffing and evaluation is necessary.  
Response 3: Was a scheduled activity for this student today, per IEP.  
Response 4: Coordinating job training for student's employment.

*Do not copy these examples into your sample moment.*



EasyRMTS™  
Logout

**Random Moment Time Study  
Colorado RMTS**


Name	Category	Location	Moment
	06	District Wide	

**Completing the Electronic RMTS Form (continued)**

Were you working with a student during this sampled moment?  
(select appropriate radio button when prompted)  
Yes, I was working with a student who has an IEP or IFSP.  
Yes, I was working with a student without an IEP or IFSP.  
Yes, I was working with a student who is being assessed for an initial IEP or IFSP.  
No, but I was working on behalf of a student who has an IEP or IFSP.  
No, but I was working on behalf of a student without an IEP or IFSP.  
N/A

Was this service you performed listed on the child's IEP/IFSP?  
(select appropriate radio button when prompted)  
Yes, the service I performed was listed on the child's IEP/IFSP.  
No, the service I performed was not listed on the child's IEP/IFSP.  
The child does not have an IEP/IFSP.  
N/A

### Instructions and Tips for Completing Your Moment


**Random Moment Time Study  
Colorado RMTS**

[Logout](#)

Name	Category	Location	Moment
	DB	District Wide	

**Instructions and Tips for Completing Your Moment**

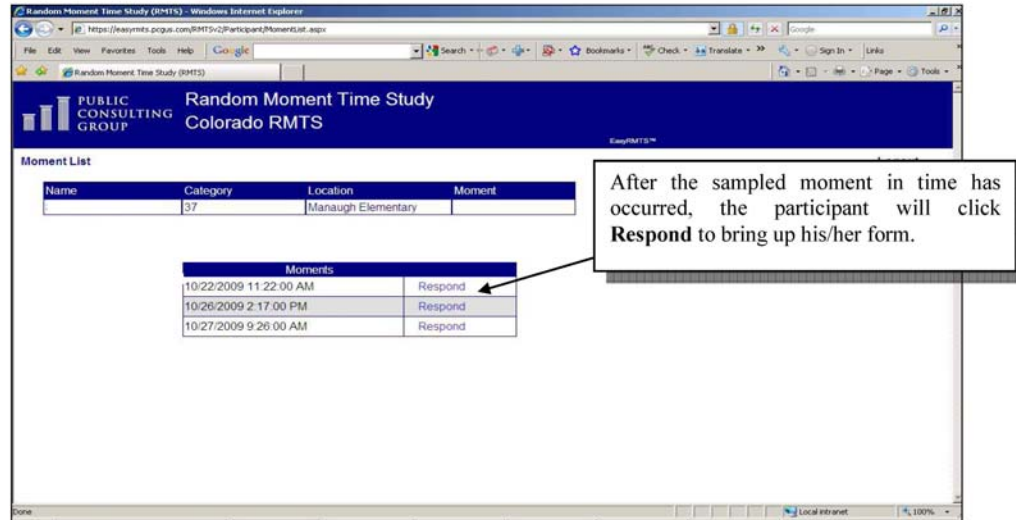
1. Your selected time study moment is pre-determined. Do not answer the activity questions for any other time than your selected moment.
2. Answer the activity questions with as much detail as possible about your activity so in the event you are asked about your assigned moment during a possible audit or compliance review, you are able to easily recall the activity you were doing without revealing student information.
3. If you have questions about completing this process, please contact your district coordinator or email the PCG Help Desk as [comnts@pcgus.com](mailto:comnts@pcgus.com).
4. Keep in mind you are only describing what you were doing during that one-minute moment and not over a period of time.
5. To access your moment and the electronic form, select 'respond' next to the available moment.

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[Next](#)
[Exit](#)

After the participant has completed the Program Overview including reading the training material and instruction, the participant will click **Next** to access the Moments List.

## Moment List

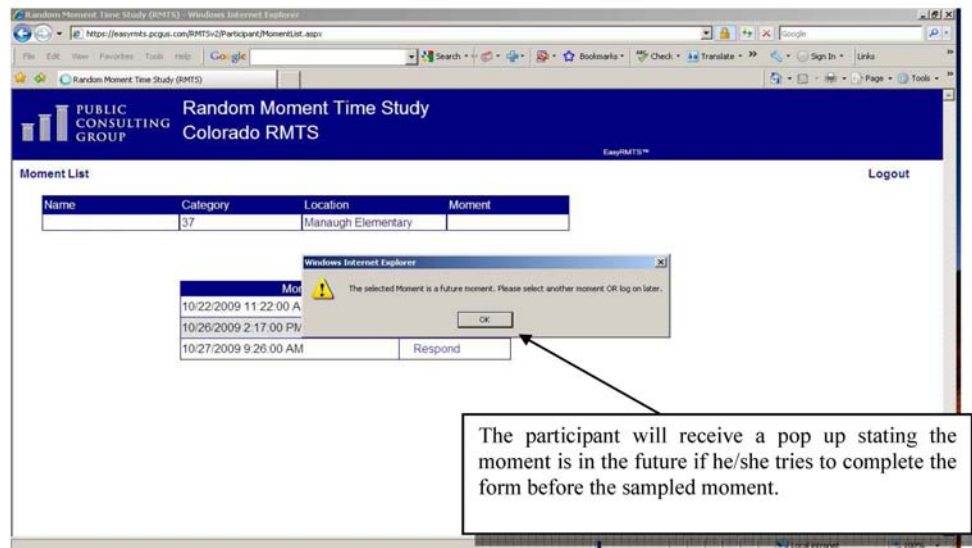
The **Moment List** displays all of the participant's selected moments in time for the quarter.



After the sampled moment in time has occurred, the participant will click **Respond** to bring up his/her form.

Name	Category	Location	Moment
	37	Manaugh Elementary	

Moments	
10/22/2009 11:22:00 AM	Respond
10/26/2009 2:17:00 PM	Respond
10/27/2009 9:26:00 AM	Respond



The participant will receive a pop up stating the moment is in the future if he/she tries to complete the form before the sampled moment.

Name	Category	Location	Moment
	37	Manaugh Elementary	

Moments	
10/22/2009 11:22:00 A	
10/26/2009 2:17:00 PM	
10/27/2009 9:26:00 AM	Respond

Windows Internet Explorer

The selected Moment is a future moment. Please select another moment OR log on later.

OK

## Moments List

### Moment During Non-Working Day

Completing the RMTS form when **you are not working** during your sampled moment



Random Moment Time Study (RMTS) - Windows Internet Explorer

https://www.pcgus.com/RMTS/Participant/MomentValidate.aspx

PUBLIC CONSULTING GROUP Random Moment Time Study Colorado RMTS

Logout

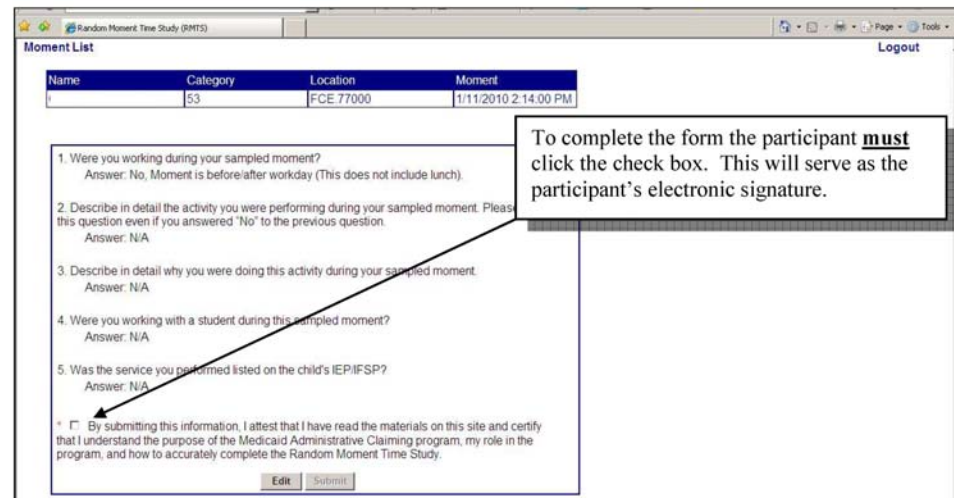
Name	Category	Location	Moment
	57	Manaugh Elementary	10/22/2009 11:22:00 AM

Were you working during your sampled moment?

☐ No. Moment is before/after workday (This does not include Lunch)  
☐ No. Moment is during paid day off  
☐ No. Moment is during an unpaid day off  
☐ Yes, I was working

Next > Exit

If the participant selects that he/she was not working, the RMTS form will automatically populate. Click **Next** to view the completed form.



Random Moment Time Study (RMTS)

Logout

Name	Category	Location	Moment
	53	FCE 77000	1/11/2010 2:14:00 PM

1. Were you working during your sampled moment?  
Answer: No. Moment is before/after workday (This does not include lunch).

2. Describe in detail the activity you were performing during your sampled moment. Please  
this question even if you answered 'No' to the previous question.  
Answer: N/A

3. Describe in detail why you were doing this activity during your sampled moment.  
Answer: N/A

4. Were you working with a student during this sampled moment?  
Answer: N/A

5. Was the service you performed listed on the child's IEP/IFSP?  
Answer: N/A

\* ☐ By submitting this information, I attest that I have read the materials on this site and certify that I understand the purpose of the Medicaid Administrative Claiming program, my role in the program, and how to accurately complete the Random Moment Time Study.

Edit Submit

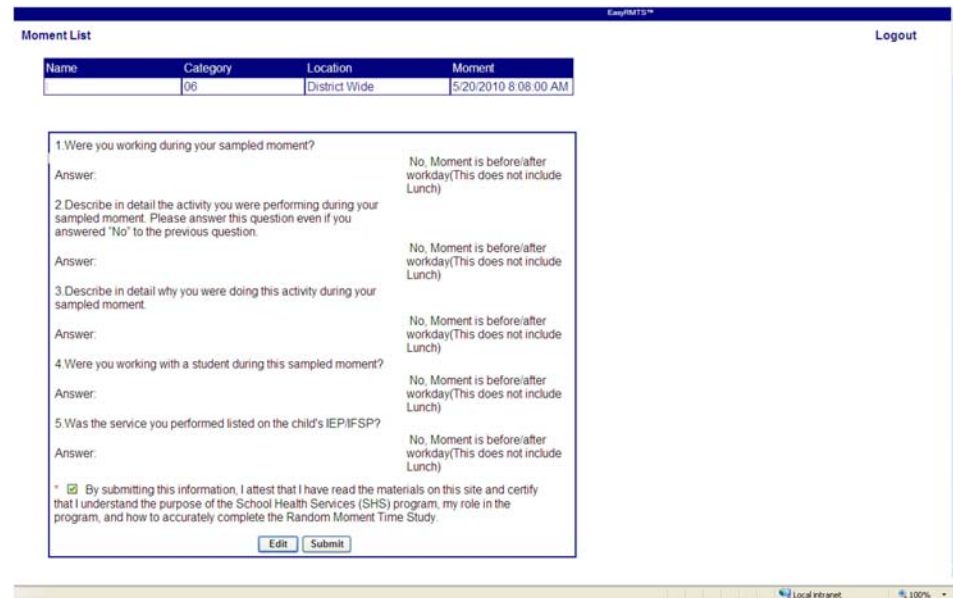
To complete the form the participant **must** click the check box. This will serve as the participant's electronic signature.

## Moment List (cont)

When the participant selects that he/she was not working during their sampled moment in time, the form will automatically populate with the reason that participant selected for not working.

To make changes, the participant will click the **Edit** button and return to the previous screen.

To complete the RMTS form the participant **must** check the **Submit** box at the bottom of the form.



Name	Category	Location	Moment
	06	District Wide	5/20/2010 8:08:00 AM

1. Were you working during your sampled moment?  
 Answer: No, Moment is before/after workday(This does not include Lunch)

2. Describe in detail the activity you were performing during your sampled moment. Please answer this question even if you answered "No" to the previous question.  
 Answer: No, Moment is before/after workday(This does not include Lunch)

3. Describe in detail why you were doing this activity during your sampled moment.  
 Answer: No, Moment is before/after workday(This does not include Lunch)

4. Were you working with a student during this sampled moment?  
 Answer: No, Moment is before/after workday(This does not include Lunch)

5. Was the service you performed listed on the child's IEP/IFSP?  
 Answer: No, Moment is before/after workday(This does not include Lunch)

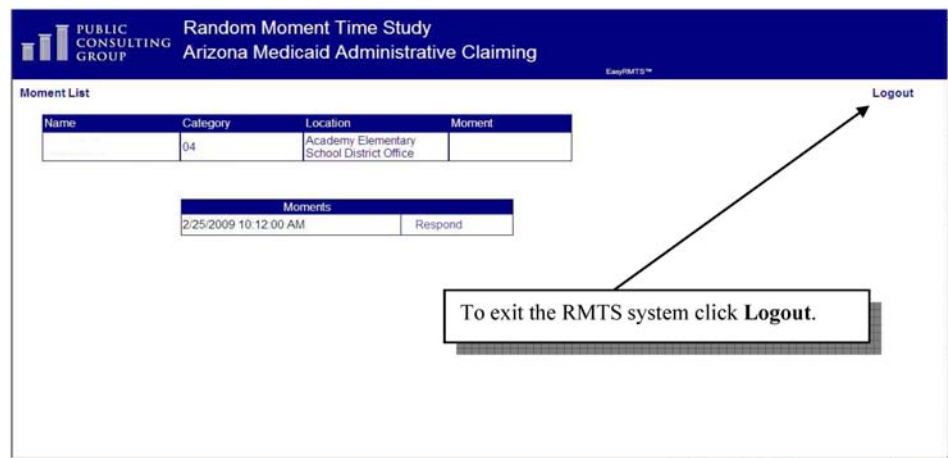
\* ☒ By submitting this information, I attest that I have read the materials on this site and certify that I understand the purpose of the School Health Services (SHS) program, my role in the program, and how to accurately complete the Random Moment Time Study.

After the participant has successfully submitted the form, he/she can print a copy of the completed form by clicking on the **Print** button.

The participant will receive confirmation that the form was submitted successfully.

## Moment List (cont)

To exit the form, the participant will click on the **Return to Moment List** button which will return to the **Moment List** screen displaying the participant's remaining sampled moments for the quarter.



**Random Moment Time Study**  
Arizona Medicaid Administrative Claiming

EasyRMTS™

**Moment List**

Name	Category	Location	Moment
	04	Academy Elementary School District Office	

Moments	
2/25/2009 10:12:00 AM	Respond

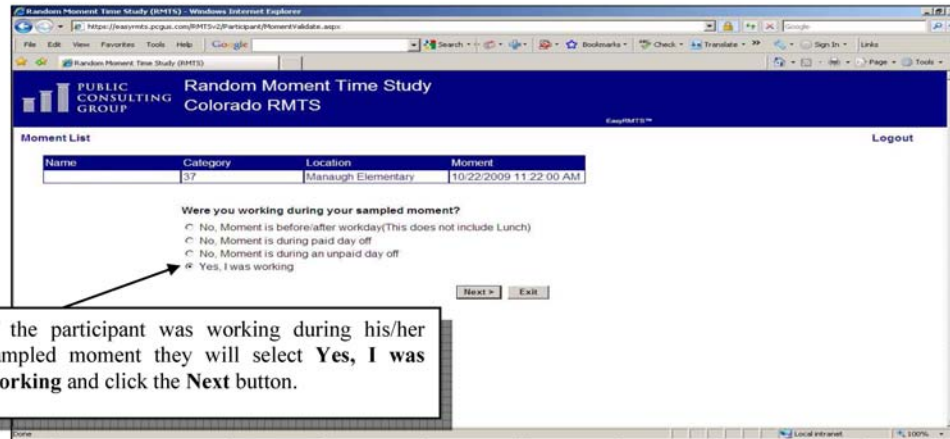
**Logout**

To exit the RMTS system click **Logout**.

## Moment List (cont)

### Moment During Working Day

Completing your RMTS form when **you are working** during your sampled moment



Name	Category	Location	Moment
37		Manaugh Elementary	10/22/2009 11:22:00 AM

Were you working during your sampled moment?


☐ No, Moment is before/after workday(This does not include Lunch)  
☐ No, Moment is during paid day off  
☐ No, Moment is during an unpaid day off  
☒ Yes, I was working

Next > Exit

If the participant was working during his/her sampled moment they will select **Yes, I was working** and click the **Next** button.

The participant must answer all of the questions, documenting the activity that was being performed at his/her sampled moment in time.




**Random Moment Time Study  
Colorado RMTS**
EasyRMTS™

Moment List
Logout

Name	Category	Location	Moment
	06	District Wide	5/20/2010 8:08:00 AM

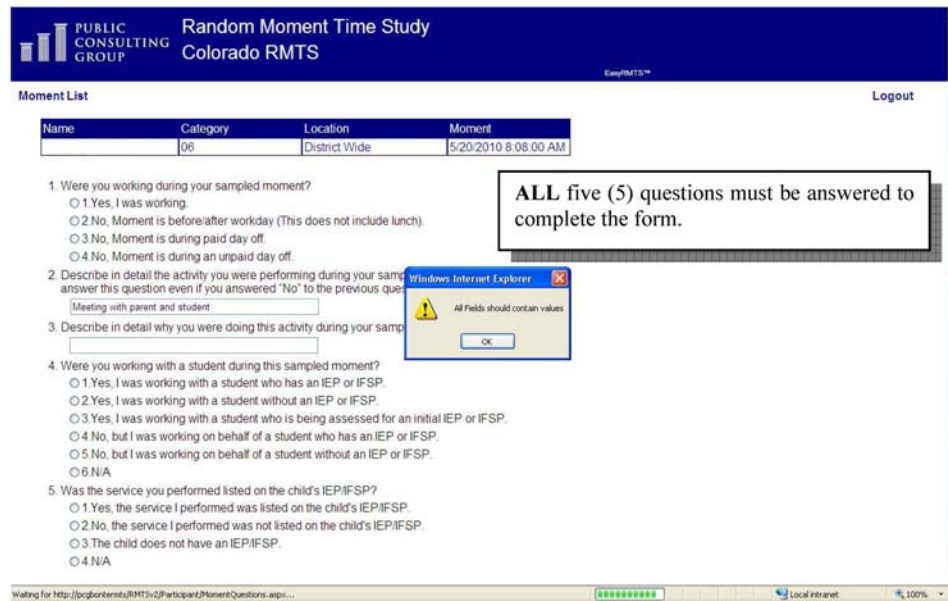
1. Were you working during your sampled moment?
  - ☐ 1. Yes, I was working.
  - ☐ 2. No, Moment is before/after workday (This does not include lunch).
  - ☐ 3. No, Moment is during paid day off.
  - ☐ 4. No, Moment is during an unpaid day off.
2. Describe in detail the activity you were performing during your sampled moment. Please answer this question even if you answered "No" to the previous question.
3. Describe in detail why you were doing this activity during your sampled moment.
4. Were you working with a student during this sampled moment?
  - ☐ 1. Yes, I was working with a student who has an IEP or IFSP.
  - ☐ 2. Yes, I was working with a student without an IEP or IFSP.
  - ☐ 3. Yes, I was working with a student who is being assessed for an initial IEP or IFSP.
  - ☐ 4. No, but I was working on behalf of a student who has an IEP or IFSP.
  - ☐ 5. No, but I was working on behalf of a student without an IEP or IFSP.
  - ☐ 6. N/A
5. Was the service you performed listed on the child's IEP/IFSP?
  - ☐ 1. Yes, the service I performed was listed on the child's IEP/IFSP.
  - ☐ 2. No, the service I performed was not listed on the child's IEP/IFSP.
  - ☐ 3. The child does not have an IEP/IFSP.
  - ☐ 4. N/A

Done
Local intranet 100%



## Moment List (cont)

Completing your RMTS form when **you are working** during your sampled moment



**Random Moment Time Study  
Colorado RMTS**

Logout

**Moment List**

Name	Category	Location	Moment
	06	District Wide	5/20/2010 8:08:00 AM

1. Were you working during your sampled moment?  
☐ 1. Yes, I was working.  
☐ 2. No, Moment is before/after workday (This does not include lunch).  
☐ 3. No, Moment is during paid day off.  
☐ 4. No, Moment is during an unpaid day off.

2. Describe in detail the activity you were performing during your sampled moment. If you answered "No" to the previous question, answer this question even if you answered "No" to the previous question.

3. Describe in detail why you were doing this activity during your sampled moment.


4. Were you working with a student during this sampled moment?  
☐ 1. Yes, I was working with a student who has an IEP or IFSP.  
☐ 2. Yes, I was working with a student without an IEP or IFSP.  
☐ 3. Yes, I was working with a student who is being assessed for an initial IEP or IFSP.  
☐ 4. No, but I was working on behalf of a student who has an IEP or IFSP.  
☐ 5. No, but I was working on behalf of a student without an IEP or IFSP.  
☐ 6. N/A

5. Was the service you performed listed on the child's IEP/IFSP?  
☐ 1. Yes, the service I performed was listed on the child's IEP/IFSP.  
☐ 2. No, the service I performed was not listed on the child's IEP/IFSP.  
☐ 3. The child does not have an IEP/IFSP.  
☐ 4. N/A

ALL five (5) questions must be answered to complete the form.

Windows Internet Explorer  
 All fields should contain values  
 OK

Waiting for http://jocbkontmdu/RMTS/v2/Participant/MomentQuestions.aspx...


**Random Moment Time Study  
Colorado RMTS**
EasyRMTS™

Moment List
Logout

Name	Category	Location	Moment
	06	District Wide	5/20/2010 8:08:00 AM

1. Were you working during your sampled moment?

☐ 1. Yes, I was working.

☐ 2. No, Moment is before/after workday (This does not include lunch).

☐ 3. No, Moment is during paid day off.

☐ 4. No, Moment is during an unpaid day off.

2. Describe in detail the activity you were performing during your sampled moment. Please answer this question even if you answered "No" to the previous question.

3. Describe in detail why you were doing this activity during your sampled moment.

4. Were you working with a student during this sampled moment?

☐ 1. Yes, I was working with a student who has an IEP or IFSP.

☐ 2. Yes, I was working with a student without an IEP or IFSP.

☐ 3. Yes, I was working with a student who is being assessed for an initial IEP or IFSP.

☐ 4. No, but I was working on behalf of a student who has an IEP or IFSP.

☐ 5. No, but I was working on behalf of a student without an IEP or IFSP.

☐ 6. N/A

5. Was the service you performed listed on the child's IEP/IFSP?

☐ 1. Yes, the service I performed was listed on the child's IEP/IFSP.

☐ 2. No, the service I performed was not listed on the child's IEP/IFSP.

☐ 3. The child does not have an IEP/IFSP.

☐ 4. N/A

**Question #4, 5:** Please enter N/A if the activity is not applicable.

Done
Local intranet 100%

After completing the form, the participant will click the **Next** button to view the completed RMTS form.

## Moment List (cont)

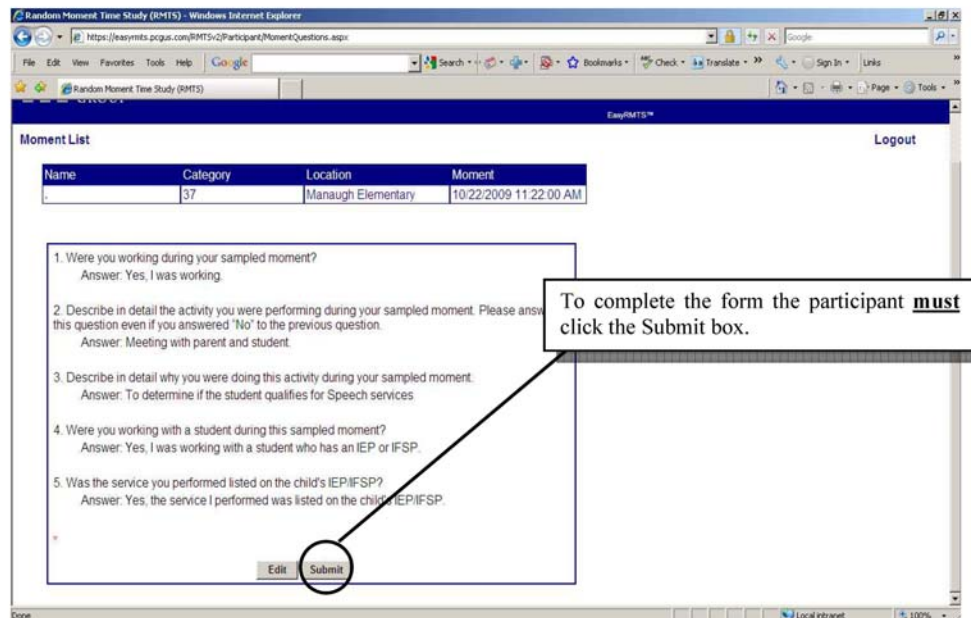
Completing your RMTS form when **you are working** during your sampled moment

The participant should review the completed form to ensure that they have accurately documented the activity that they were performing during the sampled moment in time.

To make changes, the participant will click the **Edit** button to return to the questions.

To complete the RMTS form the participant **must** complete the Submit box at the bottom of the form. By checking this box the participant is stating that he/she has read the materials on the site, understands the purpose of the Medicaid Administrative Claiming program, his/her role in the program, and how to complete the RMTS form.

After the participant has clicked on the check box, he/she can now click the **Submit** button to complete the form.



Random Moment Time Study (RMTS) - Windows Internet Explorer

https://easyrmts.pcgus.com/RMTS/2/Participant/MomentQuestions.aspx

File Edit View Favorites Tools Help Google

Random Moment Time Study (RMTS)

EasyRMTS™ Logout

Name	Category	Location	Moment
.	37	Managuh Elementary	10/22/2009 11:22:00 AM

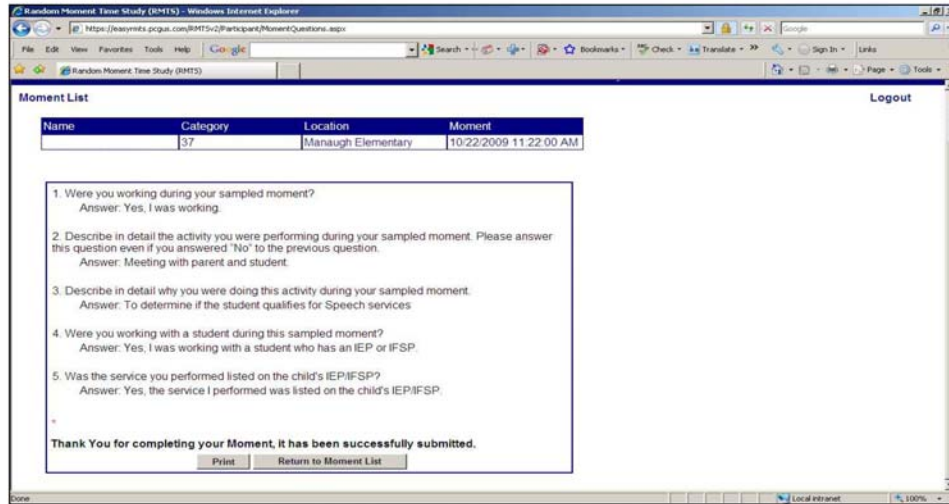
- Were you working during your sampled moment?  
Answer: Yes, I was working.
- Describe in detail the activity you were performing during your sampled moment. Please answer this question even if you answered "No" to the previous question.  
Answer: Meeting with parent and student.
- Describe in detail why you were doing this activity during your sampled moment.  
Answer: To determine if the student qualifies for Speech services
- Were you working with a student during this sampled moment?  
Answer: Yes, I was working with a student who has an IEP or IFSP.
- Was the service you performed listed on the child's IEP/IFSP?  
Answer: Yes, the service I performed was listed on the child's IEP/IFSP.

Edit Submit

Done Local intranet 100%

To complete the form the participant **must** click the Submit box.

## Moment List (cont)



Random Moment Time Study (RMTS) - Windows Internet Explorer

Logout

Name	Category	Location	Moment
	37	Manaugh Elementary	10/22/2009 11:22:00 AM

1. Were you working during your sampled moment?  
Answer: Yes, I was working.

2. Describe in detail the activity you were performing during your sampled moment. Please answer this question even if you answered 'No' to the previous question.  
Answer: Meeting with parent and student.

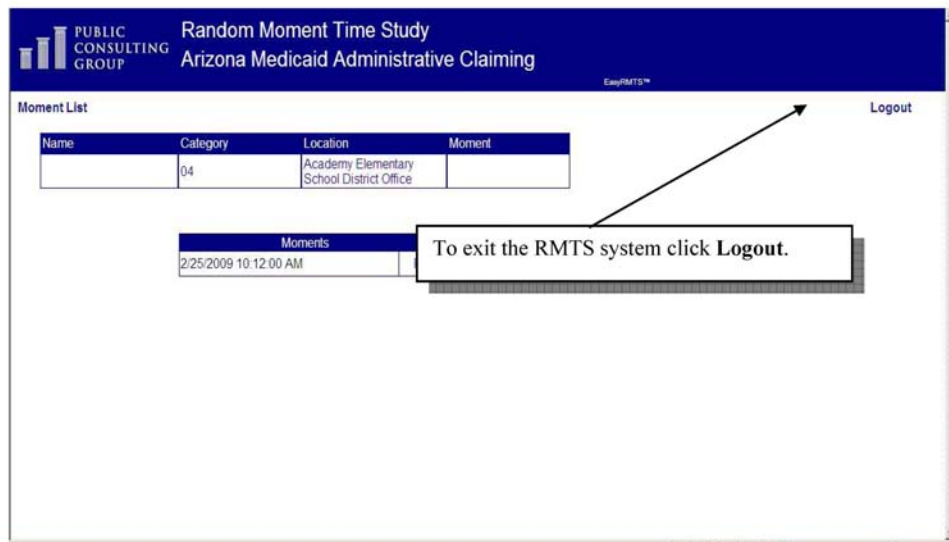
3. Describe in detail why you were doing this activity during your sampled moment.  
Answer: To determine if the student qualifies for Speech services.

4. Were you working with a student during this sampled moment?  
Answer: Yes, I was working with a student who has an IEP or IFSP.

5. Was the service you performed listed on the child's IEP/IFSP?  
Answer: Yes, the service I performed was listed on the child's IEP/IFSP.

Thank You for completing your Moment, it has been successfully submitted.

Print Return to Moment List



Random Moment Time Study  
Arizona Medicaid Administrative Claiming

Logout

Name	Category	Location	Moment
	04	Academy Elementary School District Office	

Moments

2/25/2009 10:12:00 AM

To exit the RMTS system click **Logout**.



## Frequently Asked Questions

### **What if a participant does not have a work e-mail address?**

If a participant does not have an e-mail address identified on the Participant Roster submitted to PCG, PCG will mail a paper RMTS form at the beginning of the week to the District/BOCES RMTS Coordinator. The RMTS Coordinator will then be responsible for ensuring that the participant completes the RMTS form at the appropriate time, validating the form, and sending the paper form back to PCG timely.

### **What if a selected participant quits prior to the sampled moment in time?**

If the position is still vacant, complete the paper form stating that “the participant is no longer employed and the position is still vacant” and return the form to PCG.

If there is a replacement in that position and the participant has been trained on RMTS, contact PCG for a paper form. Have the new participant complete the form and send the completed form to PCG. Please retain a copy of the paper form for your audit files. If a paper form is needed, please contact PCG.

### **How do I print out a paper RMTS form?**

If a paper RMTS form is needed, the RMTS Coordinator must contact PCG Helpline 1-866-766-9015 who will then forward a paper form.

### **How do we know if someone has completed their RMTS form?**

By reviewing the **Moments List** and the **Compliance Report**, the RMTS Coordinator can see who has not completed their on-line RMTS form. The RMTS Coordinator will also be copied on the **24 Hour Late Notice** and the **3 Day Late Notice** e-mail notifications sent to the participants when they have not completed their on-line RMTS form.

### **How will the participants know when they have received their e-mail notifications?**

The e-mail notifications will come from [cormts@pegus.com](mailto:cormts@pegus.com). Participants should not respond to the RMTS e-mail notifications and should direct all questions to their district RMTS Coordinator.

### **What if the participant deletes their e-mail notifications with the link, their user name and password?**

The participant can obtain their user name and password by contacting the PCG RMTS helpline at 1-866-766-9015. The user name and password will not be provided to the district's RMTS Coordinator.

The participant has five (5) days from the sampled moment in time to complete the on-line RMTS form. The RMTS form can be accessed at: <https://easyrmts.pegus.com/RMTSv2>.